

CHILD AND ADULT CARE FOOD PROGRAM CIVIL RIGHTS COMPLIANCE DATA COLLECTION FORM 2015

SPONSOR: _____ **SITE:** _____

All Child and Adult Care Food Program center sponsors must annually determine the number of potentially eligible participants by ethnic/racial category for the area served and submit this information with the application.

The traditional definition of **race and ethnicity** is related to biological and sociological factors respectively. **Race** refers to a person's physical appearance from descent or heredity, such as skin color, eye color, hair color, etc. **Ethnicity**, on the other hand, relates to cultural factors such as nationality, culture, ancestry, language and beliefs.

INSTRUCTIONS:

1. **Enrolled #** - the number of participants currently enrolled in the program. This data can be obtained from data provided on the Income Eligibility Forms or by visual identification.
2. **Enrolled %** - divide the number of enrolled participants in each group by the total number of participants enrolled.
3. **Service Area %** - data can be obtained from the United States Census Bureau - Community Facts at: http://factfinder2.census.gov/faces/nav/jsf/pages/community_facts.xhtml
Type in your County, select go, select Race and Hispanic or Latino Origin to access your Service Area%.

NOTE: For multiple counties and service areas you will need to complete a separate form for each service area. If the enrolled % and the service area % generally correspond then your enrollment reflects the composition of the geographic area.

Ethnic Categories (Sociological)	Enrolled #	Enrolled %	Service Area %
Hispanic or Latino (Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.)			
Non-Hispanic or Non-Latino (All others, Irish, French, German, etc.)			
Total			

4. Take the Total Enrolled # above (shaded) and break the # down by placing everyone into a Racial Category Below. Ensure that the Total row above is the same amount as the Total row below and 1.B. of your Mgt Plan.

Racial Categories (Biological)	Enrolled #	Enrolled %	Service Area %
White			
Black or African American			
American Indian or Alaskan Native			
Asian			
Native Hawaiian or Other Pacific Islander			
Some Other Race			
Two or More Races			
Total			

Data gathered for this report is confidential. **PLEASE KEEP ON SITE FOR EVALUATION OR AUDIT.**

Sponsor Signature: _____ Date: _____

CACFP Signature: _____ Date: _____

This institution is an equal opportunity provider and employer.